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ABSTRACT

This paper notes recent evidence suggesting that couples characterized by violent interactions respond best to therapy when seen first in individual therapy sessions. Clinicians are then presented with a Gestalt therapy approach to intervening in cases of intimate violence that goes beyond crisis intervention. The focus is on the female's roles in intimate violence as supported in the related literature. Gestalt therapy theory and techniques are applied to the literature on females involved in intimate violence and illustrations are presented. Gestalt therapy is defined and several goals of Gestalt therapy are explained, including: (1) acceptance of reality; (2) increased awareness; (3) integration of opposites; (4) responsibility; (5) maturity; (6) authenticity; (7) self regulation; and (8) behavior change. Suggestions for couple's therapy are provided. References are included. (NB)

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Gestalt Therapy with Females Involved in Intimate Violence

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Abstract

Evidence suggests that couples characterized by violent interactions, respond best to therapy when seen first in individual therapy sessions. This paper presents a Gestalt therapy approach to working with females involved in intimate violence. Gestalt therapy theory and techniques are applied to the literature on females involved in intimate violence, and illustrations are presented for the reader. Gestalt therapy is systemically oriented, and suggestions for couple's therapy are provided.

Gestalt Therapy with Females Involved in Intimate Violence

Writings suggesting intervention strategies in cases of intimate violence typically focus on the crisis aspect of the abuse. Individual safety of the victim is typically considered more important than relationship reconstruction, therefore separate sessions for abuser and abusee are recommended until the crisis has passed and there is decreased danger that violence will again occur. Consistent recommendations for crisis interventions include working with females in sheltered environments (Weitzman & Dreen (1982), and males in group settings (Gondolph, 1985). Female therapists are recommended for working with females, and male therapists for working with males. Therapy for females most often focuses on self-sufficiency, skill enhancement, strength building, career planning and independent functioning from batterer, and assertion training and feminist counseling. Therapy for males stresses anger control, personal responsibility, problem solving, contracting for change (Neidig & Freedman, 1984), stress reduction, communication training and alteration of sex role sterotypes (Gandolph, 1985).

A smaller body of literature is emerging that focuses on the systemic process of abuse and the relationship issues that

revolve around the violent acts. Systemic oriented couples therapy and family of origin work are recommended after partners are sufficiently differentiated so that relationship issues can be worked on in tandem without escalating possibilities of violence (Cook & Frantz-Cook, 1984).

According to National Crime Survey data (U.S. Department of Justice, 1983) men commit 95% of the assaults on spouses. Incidences of wife abuse are estimated as occuring in up to 16% of all marriages annually (Straus,Gelles, & Steinmetz 1980), in 50 to 60 percent of all marriages at some point (Straus, 1978); There is also growing evidence that conjugal violence flourishes at all socioeconomic levels (Gullatte, 1979). Considering these findings, community based clinicians have a great likelihood of confronting women who experience abuse either on a regular or irregular basis prior to the point when crisis intervention is mandatory.

It is not uncommon for helping professionals working with families in the context of parent-child problems, relationship or personal problems to discover after several sessions that battering is an integral part of the family dynamics. Clinicians in community settings often find that abuse is admitted reluctantly, that the importance of it is downplayed, and that its contribution to the presenting problem is omitted or slighted. Based on clinical experience of this author the revelation is usually made in (a) the absence of the male spouse, on an occasion when he happened not to be there, (b) in a phone call when the female

partner wishes to convey a "secret" to the therapist that she thinks relevant, but doesn't want talked about, (c) or, is boldly asserted in the session by the male as a necessary part of keeping the upper hand in the spousal relationship. After admission of abuse, family members are hesitant to continue discussion of the subject (McG Mullen & Carroll, 1983).

While the suggestions for intervention with battered women in sheltered environments mentioned above can apply outside those environments, community based clinicians need a theoretical framework, therapeutic goals and intervention techniques with which to work with victims of abuse. Similar needs are evidenced by helpers in sheltered environments. Estimates suggest that 50-75 percent of the women who separate from their abusers return to live with them. Many return to their relationships after numberous episodes of seeking selter due to escalation of abuse (Hendricks-Matthews, 1982). Shelter workers find it common to expend large amounts of energy to secure safety, legal rights, employment possibilities, and residential provisions for their residents only to find that the women leave the shelters just as the workers are encouraged about their abilities to function on their own. Professional burnout, bitterness, resentment and discouragement run high with workers in women's shelters.

The purpose of this paper is to present to clinicians, whether they work in community settings or shelter environments, a Gestalt therapy approach to intervening in cases of intimate violence that goes beyond crisis intervention. Gestalt therapy

is stystemically oriented. It recognizes the individual as a unique system (of thoughts, behaviors, beliefs; physical and psychological components) that accounts for the "internal" processes usually dealt with in therapy, and stresses that the individual can not be separated from the larger environmental systems with which he/she consistently interacts (Yontef, 1983).

This paper will focus on the female's roles (both internal and interactional) in intimate violence as supported in the related literature. Similar papers applying Gestalt therapy theory and techniques to perpetrators of violence or intervention with the couple system would be equally appropriate. The goal of therapy is to clarify the female's role in conjugal violence, increase her responsibility in the relationship and provide her options for future interactions. It is suggested that males concurrently seek a similar form of individual therapy, and that as soon as it is logical the couple begin conjoint sessions in which the specific interaction patterns that maintain the abuse can be addressed.

Space does not permit an indepth review of Gestal therapy theory which can be found elsewhere in original works by Frederick Perls (1969; Perls, Hefferline, & Goodman, 1951) and summations of his works (Harman, 1974;1984, & Passons, 1975). The paper defines "Gestalt;" presents Gestalt therapy theory in terms of the major goals of Gestalt therapy; relates these goals to the female participants in abuse, and presents action oriented therapeutic techniques to aid clinicians in their work with

battered women.

Gestalt defined

Central to the Gestalt approach is the premise that humans can choose their existences (Yontef, 1969). Conceived by Frederick S. Perls (1969; Perls, Hefferline, & Goodman, 1951) Gestalt therapy attempts to alter client behaviors by altering present awarenesses. Perls (1969) described the human organism as fragmented, aware of only parts of itself, nonaccepting and denying some of its parts and needing to accept itself as an integrated whole. The concept of "Gestalt" is a German one, and was borrowed by Perls from the earlier Gestalt psychologists (Goldstein, Lewin and Wertheimer) to normalize his therapeutic philosophies and practices. Translated, "Gestalt" means: "A form, a configuration or a totality that has as a unified whole, properties which can not be derived from the summation of the parts and their relationships (English & English, 1958 p. 225).

From a Gestalt therapy perspective abuse can not be looked at in isolation. Nor can the implications of the abuse be divided into physical, emotional and social realms. The totality of the victims existence is of primary concern.

Research and writings attesting to the effectiveness of Gestalt therapy in individual, group, couples, and family modes are available (Bauer, 1979; Hale, 1978; Harman, 1984; Hatcher, 1978). No articles were found in the available literature on the specific application of Gestalt therapy to victims of family violence.

Goals of Gestalt Therapy

A goal that permeates all of Gestalt therapy is acceptance of reality (Yontef, 1974). Additional goals identified by Harman (1974) include awareness of self in the present, integration of opposites that exist within the person, self-responsibility, maturity, authenticity, self-regulation and behavior change. Elaborations of these goals as they relate to battered women, with intervention techniques, follow:

Acceptance of Reality. Perls (1969) believed that humans keep themselves from achieving holism by not attending to the obvious; by tying up energy through avoidance rather than achieving closure. Before change can occur persons need to attend to and acknowledge their current existence. Victims of abuse often deny the reality of their situations. They deny the seriousness of the abuse, the dangerousness of their partners, their fears, insecurities, and often the actual source of the injuries. They rationalize behaviors in such fashions as to make the batterer incapable of being responsible for his abusing behaviors (Hendricks-Matthews, 1982). "He really is a kind and gentle person." "He loves the kids and doesn't mean to hurt them." "I love him and couldn't live without him." "I know he cares about me deeply." "He promised he won't do it again and I believe him."

By encouraging the client to focus on the "here and now" of her experience a more balanced picture of her reality is achieved: "Right now you are bruised and sore because he hit

you. Right now you are very angry at him. Right now you fear for your safety. At times he can be cruel and abusing. At times your husband is kind and gentle to you; at other times he hurts you."

Victims of abuse often live in a fantasy land of illusions of how they want their lives to be. Parts of life that are believed to be destructive, evil, non-productive are denied, projected onto others or blocked from awareness. Facilitation of the victims attending to reality is often painful and _ threatening. It is also necessary if change is to be facilitated.

Therapist: Make some statements about your current reality. Complete the following sentence, "This is my existence right now."

Client: My husband says he loves me and can't live without me, and he beats me when he drinks. This is my existence right now.

I feel trapped and helpless in a marriage that is more hurtful than it is fulfilling. This is my existence right now.

Increased Awareness. In the process of accepting reality the client's current awarenesses of self and others are facilitated. The Gestalt therapist focuses on increasing the client's awareness of what she is doing, thinking, feeling, sensing and wanting in the present. The therapist views the client as a whole and points out discrepencies that emerge in the realms of awareness which the client might not be aware of, and which carry information for the client which is of great value for her funtioning.

The client who, while speaking in a harsh voice and clenching and unclenching her fist, describes herself as a warm and loving wife, is aided by the therapist in becoming more aware of her total experience when she is is encouraged to also attend to the tone of her voice and the anger that is demonstrated in her hands. The therapist can help her clarify that she wants to be warm and loving, and also asknowledge that part of her feels harsh and is angry when talking about her spouse.

Gestalt therapy is present oriented. It is not concerned with establishing the historical precipitates that cause a woman to remain in a toxic environment. Instead, by focusing on the present situation, Gestalt therapy attempts to increase awareness of the client's current processes. This is done by allowing the client to set the agenda and by careful probing so that parts of the client's functioning which are outside her awareness are brought into focus: "You say that you are miserable with your husband right now, how are you contributing to your misery? How are you stopping yourself from being what you want? When do you feel like striking out at your husband? What can be changed so that you will be able to meet your needs? What parts of you are you avoiding right now? How are you like the parts of your husband that you dislike? Awareness of where the client is focusing in the present, whether the client is getting what she wants from her current existence and how she can change to be better satisfied in the present are foci of Gestalt therapy. Client: (with a smile on her face and speaking in a soft voice)

"I am so mad at my husband that I could scream."

Therapist: "Are you aware of what you are doing with your mouth and your voice? Just continue what you are doing and say your words again."

Client: "I am smiling and talking very softly. There is a part of me who says please don't be mad at me for getting angry. Don't take me very seriously."

Integration of Opposites. "It is important to clarify the ambivalent feelings of battered women. They center around issues of love/hate, anger/passivity, rage/terror, depression/anxiety. staying/leaving, omnipotence/impotence, security/panic, and others (Walker, 1978 p. 199)." The ambivalent feelings demonstrate the extremes of opposing wants and forces with which victims of abuse deal. Victims are either loved dearly by their spouses and put on pedestals, or they are deemed unworthy of human kindness and subjected to abuse. Victims see their options as either staying or leaving, their husbands as either good or bad, themselves as either good enough or inadequate. Their whole existence is characterized by this either-or-stance. A goal of Gestalt therapy is to aid the client in moving toward the acknowledgement of polar wants that exist and toward acceptance of opposing forces. Until the person can acknowledge both poles of the personality (anger/love; dependence/independence) her existance is a flip-flop affair of emotional highs and lows which can leave her immobile and passive or fragmented and attending only to those wants that are congruent with what is seen as the desirable

poles of behavior (Perls, 1969).

The non-integrated person develops a rigid, stereotyped view of herself. She cuts off parts of her personality. Victims of abuse often learn to be quiet and respectful of others. They learn to acquiesce and to see their role as rescuer. The angry, aggressive, deserving assertive parts are often pushed out of awareness and not integrated into the personality. Integration focuses on bringing the opposites together (at times I want to leave and at times I want to stay) so that the person is more balanced, centered and can make choices.

Polarization of the personality is encouraged at early ages with many victims of spouse abuse. Some estimates suggest that as many as 50% of all battered women have been beaten as children or have watched their mothers being battered (Mullen & Carroll p. 32). Living in such environments children learn which feelings to express and which to keep quiet. They learn to deny wants and to assume roles that will, to the best of their abilities, keep them out of trouble. When these people grow into adults they have <u>holes</u> in their personalities and have rid themselves of valuable emotions and responses that contribute to their emotional health. By focusing on integration of opposites the Gestalt therapist encourages the abuse victim to reclaim missing parts of the personality so that she may become more whole in her functioning. This integration is facilitated by asking such questions as: How is your anger good for you? What do you deserve? Who told you you are not to

cry? How old were you when you were told to say something nice or keep your mouth shut? How old are you now? When is it good to be selfish? What do your tears do for you that is positive?

When the victim of abuse allows herself to explore the parts of her personality that she has deemed bad, and discovers that there really isn't a monster lurching underneath her thin exterior, she is often extremely relieved and more self-accepting.

Responsibility. Descriptors of battered women include dependent, helpless, passive, fearful, immature in established identities, other-directed, low self concepts, paranoid, manipulative and gullible (Bowen, 1982; Walker, 1978; Weitzman & Duen, 1982). The totality of the image is not of a person with high levels of self-responsibility. Assumption of the victim role attests to the lack of control abused women experience in their lives. Victims of abuse tend to attribute power over their functioning to others in their environments. More specifically, all that they experience that is pleasing to them personally is seen as originating with others--as outside their control--while all that they experience which is negative is somehow contrued as self-inflicted (Hendricks-Matthews, 1982). Again, this demonstrates the conflict of omnipotence/impotence described by Walker (1978).

The relinquishing of power by battered women--of responsibility for their lives--is experienced often by clinicians who work with them. Victims turn over their lives (at least in the sessions) to the therapist who becomes the expert on what they should

do, how they should feel and whom they should become. The therapist who falls into accepting this trap becomes just one more person who reinforces the victims' lack of control and responsibility.

A goal of therapy is for victims of abuse to learn that they are responsible for themselves. Not guilty--but responsible. In Gestalt therapy statements that give away responsibility are challenged and a repeated emphasis is kept on reclaiming power over oneself:

Client: "He makes me so mad."

Therapist: "How do you allow him to do that?...Teach me to make you mad at me."

Client: "I have no choices."

Therapist: "How do you cage yourself in?"

Client: "I shouldn't feel this way?"

Therapist: "Where does the should come from? Whose should is that?"

Often women know the sequence of events that lead to abuse and don't take action for self-protection (e.g. Client: First he drinks, then he starts picking on me verbally, then I get mad and verbally defend myself, then he hits me, etc.).__ They do not see how they contribute to the abuse by playing their "roles" in the unfolding drama of abuse.

Therapist: "How do you contribute to your abuse? What could you do instead?"

Responsibility is also given away by the use of depersonalized language:

Client: "People shouldn't be beaten."

Therapist: "Say the same sentence and say I."

Client: "We deserve better."

Therapist: "Again say I."

Responsibility is given up when questions are asked, rather than statements made:

Client: "Don't you think that women should not be beaten?"

Therapist: "I think you have a statement behind that question. Please rephrase your question so that you are making a statement about yourself."

When wants are in conflict, rather than recognizing both wants, battered women often confuse themselves and make themselves helpless:

Client: "John wants an answer right now but I don't know. I just don't know."

Therapist: "Substitute and for but and restate what you just said."

Client: "He wants an answer and I'm not ready to give him one."

All of the above language techniques are used throughout the course of therapy to constantly emphasize the power each individual has over her functioning. Gestalt therapists more than those from many other schools emphasize how one conveys his/her message more so than concentrating on the meaning being conveyed. Words are seen as powerful and increasing clients awareness of how they use language to empower or make themselves

powerless is an ongoing process in Gestalt therapy.

Maturity. Relinquishing responsibility for one's existence keeps the person immature in interacting with others. Immature people are dependent on others to take control of their lives.

Perls described the unhealthy personality as one who seeks to manipulate the environment so that she can be supported and have no need to learn to support herself. Immature behavior--behavior that is manipulative, indirect, passive and helpless, may be evidenced in abused women. Many abused women learned in childhood that asking directly for what they wanted was a sure way not to get their wants met. The above resoponses were functional to survival. Carry this over to adulthood, and all other relationships and you find a woman who is really in a no-win situation. If she does not get her wants met she perceives that she did not manipulate successfully. If she does get her wants met it's because in her belief she has manipulated, planned, schemed, plotted, so that others are doing what is pleasing to her and there is no victory--no gift of love, no meaning behind the benevolent acts. Getting what is wanted is still losing, originating with her power, not the free will of others.

The immature person is also characterized by helplessness--by dependency on others to make everything alright and to see that their lives are put back together again. This is a very dangerous therapeutic situation. Again, many battered women are willing to see the therapist as a benevolent despot who has all of the

answers and who can set their lives straight again. By their indirectness, through the dropping of hints as to what they need, through their playing dumb and not knowing, battered women set the therapist and themselves up to rescue them and give them what they want without their needing to assert themselves to get their needs met. This relinquishing of power is so normal battered women don't perceive that they have options. A goal of Gestalt therapy is encouraging, through the taking of self-responsibility, maturity of behavior. Maturity means that rather than trying to manipulate others so that needs are met, the woman becomes self-supporting. She learns not to lean too close to other people so that her weight is supported by them, nor does she lean too far away, so that no support from others is forth coming.

A mature person is balanced; capable of standing on her own two feet, capable of making decisions and asking for what she wants. In the therapy session per se the Gestalt therapist facilitates mature behavior. By insisting that the client be the person who sets the agenda to be worked on, the goals of the individual therapy session, and knows what is best for her functioning. The therapist is unwilling to rescue the client--to support the helpless, dependency, and immaturity syndrome of getting what one wants through manipulation. Warning signals for the therapist that she/he is being seduced into treating the client as a child can be observed (1) when the therapist experiences that she/he is doing most of the work and the client

is extending little effort, (2) when the therapist discovers she/he feels the responsibility for solving the presenting problems, and (3) when the client is seen as helpless without resources and in need of protecting.

Immature people also hold to the belief that those around them are capable of reading minds (Perls, 1969): If another person really does care that person will know what the battered woman wants without having to be told.

Client: "What do you think I ought to do about going back to Johnny?"

Therapist: "I don't have any <u>oughts</u> for you. I know what my limits are in terms of what behaviors I will and won't live with. You want me to tell you what you what I think you <u>should</u> do. How will that help?"

Client: "I value your opinion. I want to know what to do."

Therapist: "Let me make sure I'm hearing you right. If I tell you what I would do if I were you, I'm telling you what you should do about going back with Johnny. You give me a lot of power and I feel uncomfortable with that. You're putting your whole future in my hands. How is that for you?"

<u>Authenticity</u>. Mature persons are capable of authenticity. Being authentic--saying what one wants, acknowledging how one feels, what one is really thinking--is risky. It is often feared that others will reject the real person, so a pseudo person is presented who is conceived to be more acceptable and less

threatening to others. Thus a myth is perpetuated that it is better to pretend, to monitor oneself, and maintain one's self control then to be the "who" who flows naturally.

Growth and change demand risks. When a risk is taken and the goal is achieved, self-confidence is enhanced. Therapy for victims of abuse encourages risks in being authentic, and provides a setting where feared parts of the self can be explored and seen as less to be feared then previously: Appropriate anger is encouraged. Saying what is wanted is responded to. Tears are interpreted as warmth and caring, and relabeled as a beautiful part of the person rather than something to be hidden or cut-off. The fear that, "If I am really known I would be hated," or "of a monster that exists inside" diminishes with each successful risk at self-disclosing. Anger that is emitted without the feared loss of control or brutality that has long been suspected, is celebrated, and the myth of "totally falling to pieces" is challenged with each authentic expression.

Self Regulation. Acceptance, awareness, responsibility, maturity, and authenticity lead to self regulation: The ability to know and trust oneself and to the belief that, "I am the best judge of what I need right now. I can trust my experiences. I might at times be confused and have opposite wants--wants that are in conflict--but I can acknowledge my conflict. I can care for myself today in such a way that my life is enhanced tomorrow." The goal becomes one of enhancing the client's total well-being.

That Gestalt therapy encourages clients to "let it all hang out," is a myth perpetuated from the 1960's. Gestalt therapy also focuses on containment-- learning when, where and how to reveal the self so that the total person is enhanced. For example, recent literature suggests that battered women trained in assertion reported dissatisfaction and disillusionment with therapy. The act of assertion served, in many cases, as the catalyst for additional battering (O'Leary, Curley, Rosenbaum & Clarke, 1985). To train women to assert indiscriminately without consideration of past patterns of behaviors that led to abuse, or without warning of potential consequences of confrontation does not model or support self-regulation.

Behavior Change. The above goals of Gestalt therapy result in behavior change. Behavior can be overt or internal. One can change thoughts, actions, and interactions with others...one's relationships.

The female client is told that were she to leave her relationship she would take her problems with her. This at first might seem threatening because of her belief that she has caused all that has occurred in the spousal relationship that was bad. Through the process of therapy, however, she learns to distinguish what is her and what is not her. She learns that while she can be responsible for what is her, she can not control that which is not. This defining of the contact boundary, the me and the other, is a vital focus in Gestalt therapy. When the client reclaims the me, and disassociates

from the non me, a major step has been taken to extricate herself from her role in the abusive relationship.

Battered women often despair that they chose this debilitating relationship. They question themselves about how they could have been so stupid, how they allowed themselves to care for someone capable of such cruelty and violence. It is important at this time to educate women about the typical processes in the coupling of violent relationships. This exploration would bring into focus the positives that existed early in the relationship that brought the persons together. The good with the bad is acknowledged, and the value of reestablishing the relationship on same or different grounds is explored. If the relationship is deemed valuable enought by the client to be saved, the focus in therapy shifts to how she can negotiate with her partner so that her behaviors have an impact on the couple's interactions. If similar individual therapy has been simultaneously occuring for the male, this is a possible juncture in therapy where conjoint therapy can begin. The focus centers on how the couple can win in being together in the absence of abuse.

Conclusions

Abusive relationships often mask and distract from other serious relationship problems that impede day by day functioning as a couple. Removal of the abuse as a threat to the relationship can precipitate false confidence in the ease with which the couple will resume interacting. Just as there is often a "honey moon period" after an episode of phsyical violence, the therapist

could predict a "honey moon phase" as progress is made in therapy. It is during this period when each partner is gaining skills, confidence, and demonstrating behavior change that the work of couple's therapy begins. The goals of Gestalt therapy are applicable for couple's work. Accepting what is, increased awareness of self, the integration of opposites, responsibility, maturity, authenticy, self-regulation and behavior change define the context for couple interactions within the therapy sessions.

References

Bauer, R. (1979). Gestalt approaches to family therapy. The American Journal of Family Therapy, 7(3), 41-45.

Cook, D. & Frantz-Cook, A. (1984). A systemic treatment approach to wife battering. Journal of Marital and Family Therapy, 10(1), 83-93.

English, H., & English, A. (1958). A comprehensive dictionary of psychological and psychoanalytical terms. New York: David McKay Company.

Gandolph, E. (1985). Men who batter: An integrated approach for stopping wife abuse. New York: Learning Publications, Inc.

Gullatte, A. (1979). Spousal abuse. Journal of the National Medical Association, 71, 127-129.

Hale, B. (1978). Gestalt techniques in marriage counseling. Social Casework, 59, 428-433.

Harman, R. (1974). Goals of Gestalt therapy. Professional Psychology, 4, 178-184.

Harman, R. (1984). Gestalt therapy research. The Gestalt Journal.

Hatcher, C. (1978). Intrapersonal and interpersonal models: Blending Gestalt and family therapies. The Journal of Marriage and Family Counseling, 7(2), 61-69.

Hendricks-Matthews, M. (1982). The battered woman: Is she ready for help? Social Casework, 53(5)

McG Mullen, R., & Carroll, M. (1983). The battered-woman syndrome: Contributing factors and remedial interventions. American Mental Health Counselors Association Journal, 5(1),31-38.

Neidig, P. & Friedman, D. (1984). Spouse abuse: A treatment program for couples.

O'Leary, K.D., Curley, A., Rosenbaum, A., & Clarke, C. (1985). Assertion traiing for abused wives: A potentially hazardous treatment. Journal of Marital and Family Therapy. 11,(3), 319-322.

Passons, W. (1975). Gestalt approaches to counseling. New York: Holt, Rinehart & Winston.

Perls, F. (1969). Gestalt therapy verbatim. Lafayette, Calif.: Real People's Press, 1969

Perls, F., Hefferline,R., & Goodman, P. (1951). Gestalt therapy: Excitement and Growth in the human personality. New York: Dell Publishing Company.

Straus, M. (1978). Wife beating: How common and why? Victimology: An International Journal, 2, 443-458.

Straus, M., Gelles, R., and Steinmetz, S. Behind Closed Doors: Violence in the American Family. Garden City, New York: Doubleday.

U. S. Department of Justice, (1983). Report to the Nation on Crime and Justice: The Data. Washington, D.C.: Government Printing Office.

Walker, L. (1978). Treatment alternatives for battered women. In Chapman & Gates (Eds.) The victimization of women. Beverly

Hills, California: Sage Publications, 3, 168-173.

Weitzman, J. & Dreen, K. (1982). Wife beating: A view of the marital dyad. Social Casework, 63(5),

Yontef, G. (1983). The self in Gestalt therapy: Reply to Tobin. The Gestalt Journal, 6(1), 55-70.

Yontef, G. (1969). A review of the practice of Gestalt therapy. Los Angeles: Trident Shop, California State College.

Zinker, J. (1977). Creative process in Gestalt therapy. New York: Brunner/Mazel.